

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | |
|---|--|---|---|---|--|---|--------------------------------|-------------------------------|-----------------------|------------------------|--|
| 1. DATE OF INCIDENT 07-APR-2016 | | TIME 18:44:00 | 2. ADDRESS OF OCCURRENCE 7031 S MERRILL AVE , Apt 101 CHICAGO, IL 60649 | | | | 3. LOCATION CODE 090 | 4. BEAT/OCURR. 0331 | | | |
| MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply) | 5. POSITION 9161 | 6. LAST NAME GIPSON | 7. FIRST NAME DARIUS L | 8. STAR NO. 12486 | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 10. RACE CODE BLK | 11. AGE 608 | 12. HT 164 | 13. WT. 608 | | |
| | 14. DATE OF APPT 24-FEB-2003 | 15. EMPLOYEE NO [REDACTED] | 16. UNIT & BEAT OF ASSIGNMENT 003 0306K | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | |
| | 20. LAST NAME GUNN | 21. FIRST NAME WALTER | 22. M.I. [REDACTED] | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 24. RACE BLK | 25. D.O.B. 26-MAY-1944 | 26. HT. 606 | 27. WT. 220 | | | |
| | 28. ADDRESS 1357 1/2 N LEAVITT ST CHICAGO, IL 60622 | 29. TELEPHONE NO [REDACTED] | 30. WAS SUBJECT ARMED? OTHER (SPECIFY) [REDACTED] | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No <input type="checkbox"/> 03 Yes <input checked="" type="checkbox"/> 04 No | | | | | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? JACKSON PARK HOSPITAL FOUNDATION | 34. BY WHOM? DR FREDERICK | 35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized | 36. CHARGES PLACED [REDACTED] | 37. CB NO. [REDACTED] | IR NO [REDACTED] | DNA [REDACTED] | | | | |
| | 38. DNA | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT:ASSAULT | | ASSAILANT:BATTERY | | ASSAILANT:DEADLY FORCE | |
| | SUBJECT'S ACTIONS MEMBER'S RESPONSE | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | FLED <input checked="" type="checkbox"/> | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | ATTACK WITH WEAPON <input type="checkbox"/> | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> | | | | | |
| | | STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> | PULLED AWAY <input checked="" type="checkbox"/> | OTHER _____ | ATTACK WITHOUT WEAPON <input type="checkbox"/> | WEAPON <input type="checkbox"/> | | | | | |
| | | OTHER _____ | OTHER _____ | OTHER _____ | OTHER _____ | OTHER _____ | | | | | |
| | | MEMBER PRESENCE <input checked="" type="checkbox"/> | OPEN HAND STRIKE <input type="checkbox"/> | ELBOW STRIKE <input type="checkbox"/> | KNEE STRIKE <input type="checkbox"/> | FIREARM <input type="checkbox"/> | | | | | |
| VERBAL COMMANDS <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | KICKS <input type="checkbox"/> | OTHER _____ | | | | | | |
| ESCORT HOLDS <input type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | | | | |
| WRISTLOCK <input type="checkbox"/> | | CANINE <input type="checkbox"/> | OTHER _____ | OTHER _____ | | | | | | | |
| ARMBAR <input type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> | | | | | | | | | |
| PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Contact Stan) <input type="checkbox"/> | | | | | | | | | |
| CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | OTHER _____ | OTHER _____ | | | | | | | |
| OC/CHMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | OTHER _____ | OTHER _____ | OTHER _____ | | | | | | | | |
| 39. DNA | 40. ADDITIONAL INFORMATION | | | | | | | | | | |
| POSITION [REDACTED] | STAR NO. [REDACTED] | UNIT [REDACTED] | 41. WEAPON TYPE <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER | 42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors | 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial | 44. WEATHER CONDITIONS OTHER | | | | | |
| 50. WEAPON SERIAL NO. (Include Letters) [REDACTED] | 51. CHICAGO GUN REG. NO. [REDACTED] | 52. IL FIREARM OWNER ID. NO. [REDACTED] | 53. HANDGUN CERTIFICATE NO. [REDACTED] | | | | | | | | |
| 54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED] | 55. PROPERTY INVENTORY NO. [REDACTED] | 56. TYPE OF AMMUNITION USED [REDACTED] | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED] | 58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED] | | | | | | | |
| 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | 61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED] | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | | | | | | |
| 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED] | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED] | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT | | | | | | | | | | |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED] | | | | | | | | | | |
| 72. CASE INFO. | NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | |
| SIGNATURES | 73. REPORTING MEMBER (Print Name) GIPSON, DARIUS L 07-APR-2016 23:25:45 | STAR/EMPLOYEE NO. 12486 | SIGNATURE [REDACTED] | | | | | | | | |
| | 74. REVIEWING SUPERVISOR (Print Name) SAUTKUS, STEVEN J | STAR NO 1381 | SIGNATURE [REDACTED] | DATE REVIEWED 07-APR-2016 23:27:49 | TIME 23:27:49 | | | | | | |

CPD-11.377 (REV. 3/08)

160981218
71. EVENT NO.

H2217334
71. RD NO.

LOG# 1080018
Attachment 28

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REPUSED INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt was unable to interview the offender because he was taken to Jackson Park Hospital for mental evaluation.

76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the reports submitted at this time, the officer's actions were in compliance with department rules and regulations. Cross reference this with Log #1080010 obtained by Sgt Kennedy #1826 from IPRA at 2101 hrs.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WILLIAMS, TERESA H

SIGNATURE

DATE COMPLETED

TIME

08-APR-2016 17:10:13

79. TOTAL TRR's THIS EVENT No.

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